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\*\* CONTINUING DATA *None NRI* \*\*\*\*\*

\*\* FOREIGN APPLICATIONS *None NRI* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 4	TOTAL CLAIMS 73	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>Michael R</i>	Initials <i>MR</i>	

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TITLE  
 Videophone system and method

☐ All Fees